

BACK PAIN RELIEF REPORT

CLIENT DETAILS

CLIENT ID	SG:5714
TYPE OF PAIN	BACK PAIN

SYMPTOMS (%) BEFORE THERAPY:

Title	Value
DULL ACHING PAIN(%)	50
SHARP STABBING PAIN(%)	55
MUSCLE SPASMS(%)	60
RADIATING PAIN(%)	65
NUMBNESS OR TINGLING(%)	70
WEAKNESS(%)	75
STIFFNESS(%)	45
PAIN WITH MOVEMENT(%)	49
PAIN THAT WORSENS AT NIGHT(%)	63
FATIGUE(%)	81
LOSS OF RANGE OF MOTION(%)	72
FEVER OR CHILLS(%)	54

PAINETRICS ANALYZE:

Title	Value
SEVERITY(%)	63
TYPE OF BACKPAIN	Lumbar Strain

RELIEFTHERAPY ANALYZE:

Title	Value
THERAPY	Aquatic Therapy
DURATION	6 weeks twice a week

SYMPTOMS (%) AFTER THERAPY:

Title	Value
PAIN BEFORE THERAPY (REDUCED %)	50
PAIN AFTER THERAPY (REDUCED %)	55
MUSCLE SPASMS (REDUCED %)	65
RADIATING PAIN (REDUCED %)	70
NUMBNESS OR TINGLING (REDUCED %)	72
STIFFNESS (REDUCED %)	63
PAIN WITH MOVEMENT (REDUCED %)	45
PAIN THAT WORSENS AT NIGHT (REDUCED %)	36
FATIGUE (REDUCED %)	86
LOSS OF RANGE OF MOTION (REDUCED %)	54
FEVER OR CHILLS (REDUCED %)	60
OVERALL RELIEF PERCEPTION (%)	73

EFFECTIVENESS ANALYZE:

Title	Value
EFFECTIVENESS (%)	61